

COVID-19 Virus and the Vaccine

Dr Najeeb Rahman

Consultant in Emergency Medicine, Leeds Teaching Hospitals NHS Trust

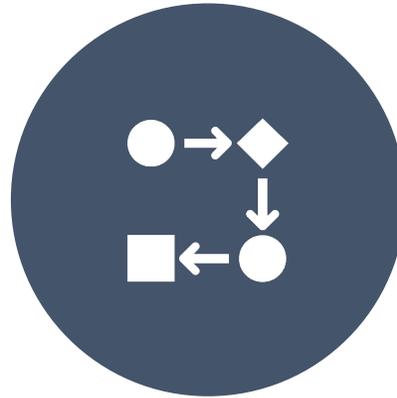
Trustee of Doctors Worldwide

najeebrahman@nhs.net

General outline



WHAT DO WE KNOW?



WHAT'S THE PROCESS?



WHAT DO WE DO?

What do we know so far about COVID-19?

- Black and Asian minority groups are at increased risk of COVID19 infection.
- Asian minority groups are at increased risk of ICU admission if infected.
- Mean ICU admission age 59.5, but range from 16-29 years through to 80+
- Deaths rates highest in Black ethnic groups
- Death rates in male Bangladeshi, Pakistani and Indians higher than White male populations
- Greater risks in urban settings and if from areas of high deprivation

**"While we have all faced the same storm,
we are not in the same boat."**

Dr Zubaida Haque

Interim Director of The Runnymede Trust

**Ultimately COVID-19 has laid bare the real issues of
inequalities and racial discrimination**

What's it like in A&E?

Emergency conditions and injuries are still managed as normal, including chest pain due to suspected heart attack, or abdominal pain due to gall stones, or suspected broken bones following a fall.

The main difference is that all patients will be screened for possible COVID-19 related symptoms, and that admission and follow-up arrangements may also be different.

Feeling unwell? Choose the right service

					
Self-care	NHS 111	Pharmacist	GP (Doctor)	NHS Walk-in Services	A&E or 999
Hangover. Grazed knee. Sore throat. Cough.	Unsure? Confused? Need help?	Diarrhoea. Runny Nose. Painful cough. Headache.	Unwell. Vomiting. Ear pain. Back ache.	If you cannot get to the GP and it is not getting any better.	Choking. Severe bleeding. Chest pain. Blacking out.

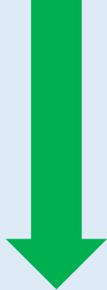
Depending on the number of confirmed and suspected COVID-19 cases in the community as well as in hospital, the A&E dept may be divided into separate zones.



We do not offer COVID-19 tests for the general public

Suspected COVID-19 cases will be managed according to severity

Green



Home, likely no tests, will be provided with advice on when to seek further help or return

Amber



Will be reviewed by a senior doctor, will probably have some basic blood tests. May be discharged home or admitted after review. If admitted, will have COVID swabs sent.

Red



Admitted to hospital. Will have bloods, Xrays as well as COVID swabs. Will be given oxygen. May require more advanced types of oxygen support depending on severity.



- Not all screened A&E patients will have COVID-19
- Not all suspected COVID-19 patients will need to have tests
- Not all suspected COVID-19 patients will need to be in hospital

- Not all admitted patients will need to be on ventilators
- Not all patients will benefit from ventilators

- There are very few treatments that have been proven to work depending on illness severity, and are only used according to specific guidelines
- Other treatments are still being researched

The best treatment remains prevention

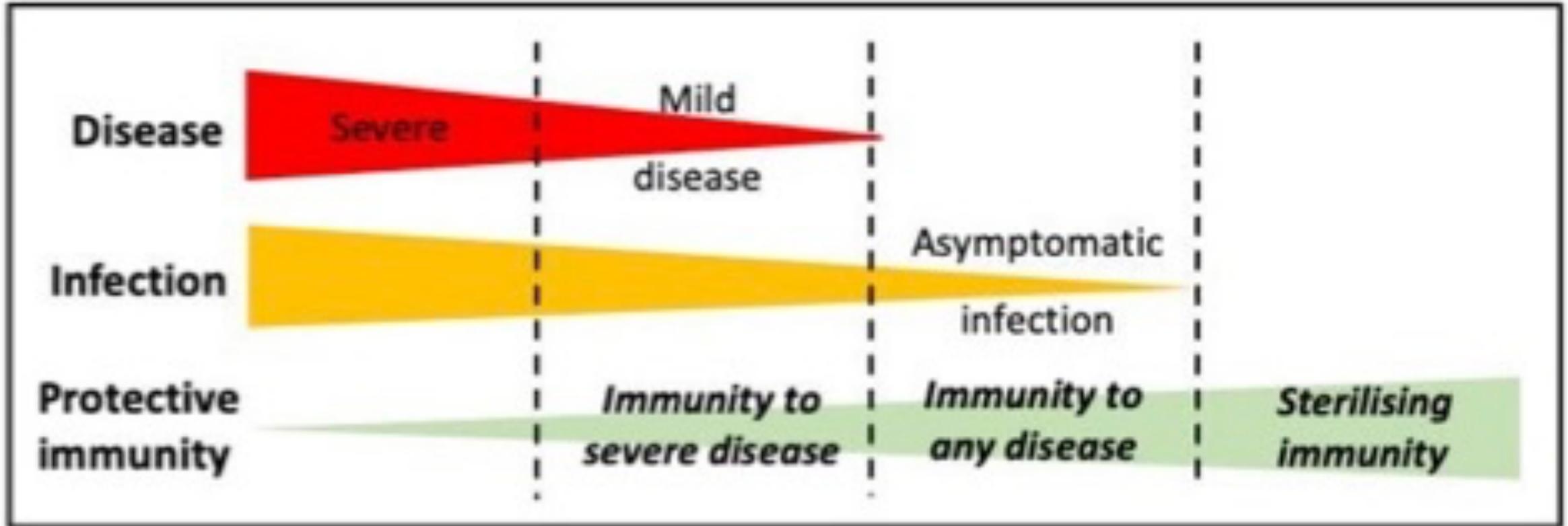
What do we know about the Vaccines?

- Vaccines were ALWAYS going to be a KEY part of combating the pandemic
- Unprecedented collaborative global effort, with no shortage of trial participants
- Currently the approved vaccines against COVID-19 have completed initial parts of Phase 3 clinical trials (Meaning randomized controlled trials comparing against standard care)
- Continuing Phase 3 and Phase 4 studies looking at will be ongoing looking at long term side effects
- Pfizer BioNTech and Moderna are mRNA vaccines
- Oxford AstraZeneca is a Viral Vector vaccine

Any controversies?

- Deaths?
 - No deaths as yet attributable to vaccines
- Aborted fetal cells? NO
 - Pfizer and Moderna are synthetic
 - AstraZeneca uses a 'cell line' replicated from the kidney cells of an electively aborted fetus in 1973, but does not itself contain cells.
- Animal proteins? NO
- Big Pharma?
 - Well, yes but what's the real question here? Unethical practice? Profiteering?
- Second dose delay?
 - May be the right approach? Crisis management approach – Most for the most
- Mutant strains and vaccine effectivity?
 - To be expected, but much shorter timeframe due to pandemic

Immunity, Infection and Disease



The inverse relationship between coronavirus infection severity and protective immunity. Credit: Sarah L Caddy, Author provided

Faith perspectives

- Majority of main faith groups (Christian, Muslim, Jewish, Hindu, Sikh, Jain) have supported the use of the vaccines
- Some have engaged with the process by allowing places of worship to be used as vaccination centres
- Some view taking the vaccine as a moral, spiritual and societal obligation as part of individual faith action and a collective duty
- There will always be differences in opinion
- www.interfaith.org.uk/news/covid-19-and-vaccination

What's the process?

- When?
 - Invitation vs opportunistic
- Hospital and community 'Hub' vaccination sites

Priority	Risk group
1	Residents in a care home for older adults and staff working in care homes for older adults
2	All those 80 years of age and over and frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over

What do we do now?

- Hands , Face, Space
- Extra care at home and when out and about
- Fresh air
- Consider other health and lifestyle modifications (Stop smoking, control diabetes, lose weight etc)
- Lateral flow testing
- If you get ill with COVID19 symptoms, get tested and follow self isolation rules

BUT balance the risks appropriately



COVID-19

Illness
ITU
Death
Sustaining transmission
Impact on lives and
livelihoods
Long COVID19

VACCINE

Standard solution
Individual and public
responsibility
Safe
Community champions
and advocates

3 Questions to Consider

- Do you now know more about the COVID19 virus and vaccine?
- Do you feel more reassured about the importance of the vaccine?
- Will you take positive actions for yourself and your community?

KEEP INFORMED

www.nhs.uk/conditions/coronavirus-covid-19

111.nhs.uk/covid-19

Guidance in other languages

<https://www.doctorsoftheworld.org.uk/coronavirus-information/>

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Call NHS 111 or 119 for medical advice if difficulties with internet

References and Resources:

- <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>
- <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020>
- <https://www.runnymedetrust.org/uploads/Runnymede%20CoDE%20COVID%20briefing%20v3.pdf>
- <https://fullfact.org/online/foetal-cells-covid-vaccine/>
- https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine
- <https://www.interfaith.org.uk/news/covid-19-and-vaccination>
- <https://www.cambridgenetwork.co.uk/news/coronavirus-few-vaccines-prevent-infection-%E2%80%93-heres-why-thats-not-problem>



وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا

**“And whoever saves the life of one,
it is as if he has saved the whole of humankind”**

Surah Al-Maidah v32 Al Quran

Thank you